

#14
S. 3005
12/16/03
OFFICIAL

PATENT

Attorney Docket No. 99-829CPA1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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DEC 11 2003

In re Application of:

Himanshu S. SINHA

Serial No.: 09/425,088

Filed: October 22, 1999

For: SERVICE LEVEL AGREEMENTS AND
MANAGEMENT THEREOF

Group Art Unit: 2142

Examiner: D. Blair

Mail Stop Non-Fee Response
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

REQUEST FOR RECONSIDERATION

In response to the Office Action dated September 12, 2003, reconsideration of the
outstanding rejections is respectfully requested in view of the remarks below.

Remarks begin on page 2 of this paper.

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Himanshu S. SINHA)	Group Art Unit: 2142
Application No.: 09/425,088)	Examiner: D. Blair
Filed: October 22, 1999)	
For: SERVICE LEVEL AGREEMENTS)	
AND MANAGEMENT THEREOF)	

AMENDMENT/REPLY TRANSMITTAL LETTERMail Stop Non-Fee Response
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed is a reply for the above-identified patent application.

- ☐ A Petition for Extension of Time is also enclosed.
- ☐ A Terminal Disclaimer and a check for ☐ \$55.00 ☐ \$110.00 to cover the requisite Government fee are also enclosed.
- ☐ Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$385.00 ☐ \$770.00 fee due under 37 C.F.R. § 1.17(e).
- ☐ Applicant(s) previously submitted _____, on _____, for which continued examination is requested.
- ☐ A request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) is also enclosed.

Amendment/Reply Transmittal Letter
Application Serial No. 09/425,088
Attorney's Docket No. 99-829CPA1
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- ☒ No additional claim fee is required.
☐ An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	No. of Claims	Highest No. Of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims		Minus		x \$18.00 =	
Ind. Claims		Minus		x \$ 86.00 =	
If Amendment adds multiple dependent claims, add \$290.00					
Total Amendment Fee					
If Small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					

- ☐ A claim fee in the amount of \$ _____ is enclosed.
☐ Charge \$ _____ to Deposit Account no. 07-2347.

To the extent necessary, a petition for an extension of time under 37 C.F.R. § 1.136 is hereby made. Please charge any shortage in fees due in connection with the filing of this paper, including extension of time fees, to Deposit Account No. 07-2347 and please credit any excess fees to such deposit account.

Amendment/Reply Transmittal Letter
Application Serial No. 09/425,088
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The Commissioner is hereby authorized to charge any other appropriate fees that may be required by this paper that are not accounted for above, and to credit any overpayment, to Deposit Account No. 07-2347.

Respectfully submitted,

VERIZON CORPORATE SERVICES GROUP INC.

By: 

Joel Wall
Reg. No. 25,648

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Date: December 11, 2003